

A Proposal for  
**THE VIRGINIA COMMONWEALTH UNIVERSITY VETERAN'S CENTER**

On June 16, 2006, Governor Kaine issued Executive Order 19 (EO19) highlighting the importance of veterans and veteran's services in Virginia and setting forth the Commonwealth's policy for improving services to Virginia's veterans. Among the directives identified by the Governor is the request to identify opportunities to partner with the Department of Veterans Services (DVS) on ways to offer new, expanded or customized services.

**Rationale for the Center**

To date, approximately 1,000,000 men and women have been deployed in either Operations Enduring Freedom (OEF) or Iraqi Freedom (OIF), of which some 3-5 percent list Virginia as their "home of record." Moreover, the total number of veterans living in Virginia is almost 740,000, which is more than 10 percent of the Commonwealth's total population.

Despite the best of intentions, the Veterans Administration (VA) cannot meet the needs of all service men and women, especially given the large influx of veterans who have served in Iraq and Afghanistan. They do not have the resources, either financial or manpower, to provide the services all returning combat soldiers require. Researchers have reported that between 20 to 25 percent of those who have served in this recent conflict return with post-traumatic stress disorder or some other form of psychopathology. Caring for this numbers of returning veterans has stretched the VA to the limit. In fact, a recent GAO report noted that \$100 million meant for a mental health plan was not spent in 2005 and about a fifth of the \$200 million allocated for 2006 to implement a mental health plan had not been spent by the end of September.

Additionally, in discussions with returning soldiers and VA staff, there seems to be a universal sense that soldiers and their families do not want to talk to mental health professionals because of the stigma involved with seeking professional help. Furthermore, many vets feel that they are not being understood because most VA staff have neither served in a combat zone nor been removed from their family, career and workplace for a year or more. Finally, because so many returning veterans are from rural areas, access to professional help is very difficult.

Whereas the prevalence of veterans needing professional mental health care is significant, not all returning veterans require such services. A large percentage of returning veterans (estimates are as many as 50 percent) have difficulties including, but not restricted to, family or relationship issues and interactions, work/employment difficulties and an overall sense of a lack of focus or purpose adjusting to returning home. Available services for these veterans having difficulty readjusting to being home have been fragmented at best. Moreover, the families of these veterans have had even less access to needed services.

What is especially unique about the group of veterans serving in this current conflict is that approximately 40 percent are National Guard members and Reservists. Their deployment to a war zone, while stressful, is compounded by the stress of leaving their civilian lives. Deployment has disrupted their marriages and families, their employment and their status in the community.

## What Newly Returning Veterans Need

- In February, the U.S. Senate Committee on Veterans' Affairs reported that among 20 to 24 year old veterans, the unemployment rate is over 15 percent, which is nearly twice the rate of their non-veteran peers and has grown dramatically.
- Examples of some of the problems veterans experience as part of the readjustment process are:
  - Physical—dealing with traffic and crowds, being unarmed, having unlimited access to alcohol and some drugs;
  - Cognitive-- not knowing how much to tell family or friends, loyalty conflicts, boredom;
  - Emotional--Withdrawal from the rush of battle, feeling unsafe or helpless;
  - Social--Being separated from friends and leaders, being misunderstood by family; and
  - Spiritual--Difficulty making sense of what has happened, feeling guilty, having conflicting values.
- Families need help as well, help in saving or improving their marriage or explaining to children why their father or mother is different than they were prior to serving overseas. Some spouses want help in how to help the returning veteran, but many have expressed a desperate need for help themselves or for their children. When surveyed about their “treatment” preferences:
  - 54% reported wanting groups for themselves,
  - 20% educational programs for themselves,
  - 19% individual therapy, and
  - 13% couples therapy

Because many of the needed services are not being provided by the VA system or military for returning veterans, it is the responsibility of the community to develop and provide for alternative services where needed. It is for this reason that we are proposing the *Virginia Commonwealth University Veteran's Center*. The potential to have a Center for veterans housed at VCU is limitless because of the University's mission of education, research and outreach. Since Virginia Commonwealth University has a number of faculty and programs concerned with the biological, psychological and social development of individuals and families, such as the Life Skills Center, and because an increasing number of these programs and individuals are concerned with the welfare of veterans, we believe we can provide a number of beneficial services. To date, no American university has developed a Center focused exclusively on the needs of veterans. Florida State has a Traumatology Research Institute that is concerned about veterans, but it is limited in scope, and does not address the wide spectrum of needs that returning veterans face.

## Potential Activities and Programs

VCU would work with Hunter Holmes McGuire VA Medical Center, Fort Lee, the Marine Core Base at Quantico and the Naval Station at Norfolk, as well as various state agencies, such as the Department of Veteran Services and the Virginia National Guard to:

- Further develop and implement programs such as the Life Skills Center's FREE 4 VETS (**F**amily, **R**elationship, **E**ducation and **E**mployment) program to assist the readjustment process for veterans and their families. The program is psycho-educational rather than illness-oriented and builds on the soldiers' strengths rather than their problems. It does not conflict with the VA's efforts to serve those with PTSD or other psychopathology. FREE 4 Vets has three components:
  - *Peer Coaching*—Veterans from other wars will be trained to provide support as persons who have experienced similar situations;

- *Skills for Reintegration*--Veterans and their families will be taught several skill-based resource components: Dealing with Stress, Repairing and Enhancing Families and Relationships and "The Next Step." The latter involves having veterans/families identify their future dreams and goals and the skills they possess to reach their goals. All of these components are designed for them to do in the privacy of their own homes after receiving a short basic training session that could be put on a DVD (as finances permit). A toll-free number staffed by Center employees will be available to help veterans or family members having problems implementing the resource components. All resources components have been used successfully with other populations including middle and high school students and Olympic athletes. Additionally, some components have been piloted with veterans.
- *Re-entering the Work World*---The third part is to help veterans who are interested in obtaining new jobs, careers or furthering their education. Many left jobs that are no longer available to them since deployment. Others had unsatisfying jobs and careers. Furthering their education or obtaining jobs that take advantage of their leadership experiences and other skills learned during combat should enable them to more successfully integrate into their communities.
- Develop and implement programs specifically for the families of veterans before, during and after the veteran's deployment to reduce the likelihood of what has been identified as secondary traumatization of family members;
- Work with businesses and educational institutions in the Commonwealth to offer work opportunities and training for returning veterans. These institutions will work with state agencies to facilitate the successful reintegration of veterans. The Veteran's Center will serve as a training resource to assist these groups to better understand the needs of veterans and to sensitize these groups to the many skill sets veterans have learned in combat that are transferable to the work and school environment;
- Work with Virginia's community colleges and other organizations such as Community Service Boards to train them how to deliver services to vets. One of the problems some of these groups have is that they don't have credibility when working with vets because they don't understand what vets have experienced and very often confuse reintegration difficulties with PTSD. By training others throughout the Commonwealth, we can reach vets who live in all areas;
- Conduct research with veterans and their families to determine the effectiveness of these programs and others that might be developed;
- Apply for foundation and federal grants to develop comprehensive research programs for veterans;
- Provide educational and training opportunities for graduate students and some undergraduate students on both VCU campuses to develop the knowledge and skills to work with returning veterans and to advocate for their needs; and
- Develop conferences and workshops to educate others in the Commonwealth and nationally about the needs of veterans and the successes of some of these programs.

The long-range plan of the Veteran's Center is to serve as the hub for the dissemination, training and evaluation of efforts to assist returning veterans and their families throughout the Commonwealth with the difficult task of reintegration. While it is our plan to start with the National Guard, we intend to extend our reach to all returning veterans and families as financial support permits.